June 13, 2006

Date

PTO/SB/17 (12-04)

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U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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JUN 1 5 2006

Effective on 12/8/2004.					Complete if Known			
Fees pursuant to the Co			t, 2005 (H.R. 4	4818)Ar	plication Number	09/723,50	1	
CCCT	D A N	CMIT	ГТЛІ	Fili	ng Date	November	28, 2000	
FEE TRANSMITTAL					st Named Inventor	McDysan, et al.		
For FY 2006					aminer Name	Gold, A.		
☐ Applicant Claims small entity status. See 37 CFR 1.27					Unit	2157		
			•	Cu	stomer No.	25537		
TOTAL AMOUNT OF PAY	MENT	(\$) 1,240	-	Atto	omey Docket No.	RIC00043		
METHOD OF PAYMENT (check all that apply)								
MILTION OF FATINLIST (CHOCK all trial apply)								
Check X Credit Card Money Order None Other (please identify):								
Deposit Account Deposit Account Number: Deposit Account Name:								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) X Charge fee(s) indicated below								
under 37 CFR 1.16 and 1.17								
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.								
FEE CALCULATION								
1. BASIC FILING, SEA								
	FILING		SEAR	CH FEES		TION FEES		
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)	
Utility	300	150	500	250	200	100	<u>. 000 ; a.a. (4)</u>	
	200	100	100	50	130	65		
Design	200	100	300	150	160	80		
Plant			500	250	600	300		
Reissue	300	150			0	0		
Provisional	200	100	0	0	U	U	Small Entity	
2. EXCESS CLAIM FE Fee Description	ES	•					Fee (\$) Fee (\$)	
Fach claim over 20 or	for Reissues	each claim o	ver 20 and	more than in	the original patent		50 25	
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100								
Multiple dependent claims 360 180								
Total Claims	Extra Claim	ıs Fe	e (\$)	Fee Paid (\$)		Multiple Depe	endent Claims	
36 - 36 =	0		50.00 =	\$ 0.00		Fee (\$)	Fee Paid (\$)	
HP = highest number of total da	aims paid for, if g				-	\$360.00		
Indep. Claims	Extra Claim		e (\$)	Fee Paid (\$)			-	
			00.00	\$ 0.00	<u></u>			
HP = highest number of indepe	ndent daims pai	id for, if greater tha	an 3					
3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity)								
for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets								
$0 - 100 = 0$ /50 = 0 (round up to a whole number) x $\frac{$250.00}{5000} = \frac{$0.00}{5000}$								
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)								
Other: RCE fee \$790								
Extension of Time fee (2 months) \$450								
SUBMITTED BY			l n	ogistration No		T		
Signature	Zatet	1		egistration No	44658	Te	lephone (703) 425-8508	

Phouphanomketh Ditthavorg

Name (Print/Type)